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TRANSMITTAL FORM			Application No.	09/535,765					
			Filing Date	March 28, 2000					
(to be used for all correspondence after initial filing)			First Named Inventor	Vincent E. Hummel	REC	EIVED			
į.			Art Unit	2183					
·			Examiner Name	Huisman, David J.	NOV 2				
Total Number of Pages in This Submission 11			Attorney Docket Number	42390P5567	echnology (Center 2100			
ENCLOSURES (check all that apply)									
Fee Transmittal Form Drawing				After Allowance Co	ommunication				
Fee Attac	Fee Attached Licensing-re			lated Papers Appeal Communication to Boof Appeals and Interferences					
Amendment / Response				Appeal Communica (Appeal Notice, Brief, R	ation to Group Reply Brief)				
After Final Affidavits/declaration(s)		Petition to C Provisional	Convert a Application	Proprietary Informa	ation				
Extension of Time Request		Power of A Change of	ttorney, Revocation Correspondence Address	Status Letter					
Express Abandonment Request		Terminal D	Disclaimer	Other Enclosure(s) (please identify belo	ow):				
Information Disclosure Statement		Request for	Refund	Return Receipt Po	ostcard	•			
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Certified Copy of Priority Document(s)									
Response to Missing Parts/ Incomplete Application Basic Filing Fee Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks SUPPLEME							
	SIGNATURI	OF APPLICA	NT, ATTORNEY, OR AG	ENT					
Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP								
Date	Date November 19, 2003								
CERTIFICATE OF MAILING/TRANSMISSION									
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.									
Typed or printed name Margaux Rodriguez									
Signature Date November 19, 2003									
Based on PTO/SB/21 (08-03) as modified by Blayely, Solokoff, Tatior & Zafman (vir) 09/11/2003. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, WA 22313-1450									

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TRADEME for FY 2003		Application		nber		535,765			
	-	Filing Date				rch 28, 200			
Effective 01/01/2003. Patent fees are subject to annual revision.		First Named Inventor				cent E. Hu	mmel	RECEI	
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name Group/Art Unit			218	sman, Davi	<u>a J</u>	UE	VFN	
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Name Blakely, Sokoloff, Taylor & Zafman LLP	2053	3 130	2053	130	Non-English specifica	ition			
The Commissioner is authorized to: (check all that apply)	1812	2 2,520	1812	2,520	For filing a request fo	r ex <i>parte</i> reexamin	ation		
Charge fee(s) indicated below Credit any overpayments	1804	4 920 *	1804	920	 Requesting publication 	on of SIR prior to			
Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	1806	5 1,840 *	1805	1,840	* Requesting publication	on of SIR after			
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to the above-identified deposit account	1251	1 110	2251	56	Extension for reply w	ithin first month			
FEE CALCULATION	1252	2 420	2252	210	Extension for reply wi	thin second month			
1. BASIC FILING FEE	1253		2253	475	Extension for reply wi				
Large Entity Small Entity Fee Fee Fee Fee Description Fee Pair	1254	4 1,480	2254	740	Extension for reply wi				
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1001 770 2001 385 Utility filing fee	1404		2401	165	Notice of Appeal				
1002 340 2002 170 Design filing fee	1402		2402	165	Filing a brief in suppo				
1003 530 2003 265 Plant filing fee	1403		2403	145	Request for oral hear	-			
1004 770 2004 385 Reissue filing fee	1451		2451	1,510 55	Petition to institute a p	·	ng		
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2. EXTRA CLAIM FEES Extra Fee from	1502		2502	240	Design issue fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	
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Multiple Dependent =	1809	5 180	1806	180	Submission of Inform	nation Disclosure St	mt		
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1202 18 2202 9 Claims in excess of 20	1809	9 770	1809	385	(37 CFR § 1.129(a))	iter in arrejection			
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1203 290 2203 145 Multiple Dependent claim, if not paid					examined (37 CFR §				
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1205 18 2206 9 **Reissue claims in excess of 20 and over original patent	Other	fee (specify)		.Addit	tional Claims				
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**or number previously paid, if greater, For Reissues, see below	* Redu	ced by Basic	Filing F	e Paid		SUBTOTAL (3)	(\$)		
SUBMITTED BY	_					Comm	olete (if ap	onlicable)	
Name (Print/Type) Farzad E. Amini		Registratio		\top	12.261				
		(Attorney/Age	ent)		42,261	Telephone	(310)	207-3800	
Signature Meferical tru-						Date	1	1/19/03	

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